



Attorney Docket No. BSG 021 US

- ☒ Original Application
- ☐ PCT National Application
- ☐ U.S. Designated Office
- ☐ Continuation or Divisional Application
- ☐ Continuation-in-Part Application

**COMBINED DECLARATION,
POWER OF ATTORNEY AND PETITION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMPOSITIONS AND METHOD FOR TREATING NEUROPATHIC SENSORY LOSS

☒ which is described in the specification and claims

☐ attached hereto.

☒ filed on November 25, 2003

Application Serial No. 10/722,737

and was amended on _____

(if applicable)

☐ which is described in International Application No. _____

filed _____ and as amended on _____

(if any),

which I have reviewed and for which I solicit a United States patent.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.



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I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International Application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or of any PCT International Application having a filing date before that of the application on which priority is claimed:

| Number | Country | Date of Filing (day,month,year) | Priority Claimed |
|--------|---------|------------------------------------|----------------------------------------------------------|
| | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | | <input type="checkbox"/> yes <input type="checkbox"/> no |

I hereby claim the benefit under Title 35, United States Code, §119(e) or §120 (as applicable) of any United States application(s) or §365(c) of any PCT International Application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International Application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112:

(Application Serial No.)

(Filing Date)

(Status)(patented,pending,abandoned)

(Application Serial No.)

(Filing Date)

(Status)(patented,pending,abandoned)

(Application Serial No.)

(Filing Date)

(Status)(patented,pending,abandoned)

(Application Serial No.)

(Filing Date)

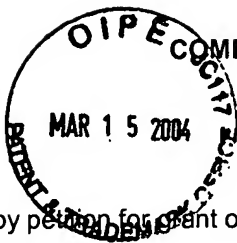
(Status)(patented,pending,abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the registered attorneys listed under **Customer No. 35812** and the following registered attorneys to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Guy T. Donatiello

Reg. No. 33,167

| | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| SEND CORRESPONDENCE TO: Legal Department Endo Pharmaceuticals Inc. 100 Painters Drive Chadds Ford, PA 19317 | DIRECT TELEPHONE CALLS TO ATTORNEY OF RECORD AT: (610) 558-9800 |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

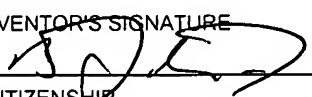


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I hereby petition for grant of a United States Letters Patent on this invention.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | |
|-----------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|----------------------|
| 1. FULL NAME OF SOLE OR FIRST INVENTOR Bradley S. Galer | | INVENTOR'S SIGNATURE  | DATE 08 March '04 |
| RESIDENCE West Chester, PA | | CITIZENSHIP US | |
| POST OFFICE ADDRESS 1740 Lenape Road, West Chester, PA 19382 | | | |
| 2. FULL NAME OF JOINT INVENTOR, IF ANY | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | | CITIZENSHIP | |
| POST OFFICE ADDRESS | | | |
| 3. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | | CITIZENSHIP | |
| POST OFFICE ADDRESS | | | |
| 4. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | | CITIZENSHIP | |
| POST OFFICE ADDRESS | | | |
| 5. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | | CITIZENSHIP | |
| POST OFFICE ADDRESS | | | |
| 6. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY | | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | | CITIZENSHIP | |
| POST OFFICE ADDRESS | | | |